

CLAIMS ONLY

Application Number 101734179	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1			/						
2			/						
3			/						
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48									
49									
50									
Total Indep	2			1					
Total Depend	15			9					
Total Claims	17			10					